

Abstract

PROSPECTIVE STUDY COMPARING EARLY VERSUS DELAYED LAPAROSCOPIC/ OPEN CHOLECYSTECTOMY FOR CHOLECYSTITIS

Background and Aim : Acute cholecystitis is a pathology of inflammatory origin with a higher incidence in our environment. There are two surgical therapeutic options – early cholecystectomy during the same admission or delayed cholecystectomy after conservative treatment. Early cholecystectomy is preferred over interval or delayed cholecystectomy that is performed within six to ten weeks after initial admission. The present study is an endeavour to find out the intraoperative complication as well as the postoperative morbidity in early cholecystectomy and its benefit over delayed cholecystectomy conducted in our hospital with a sample size of 25 in both early and delayed groups

Methods : This was a prospective study conducted between October 2016 to August 2017 in our hospital with a sample size of 25 in both early and late groups. Early cholecystectomy was performed within 7 days of admission and late cholecystectomy was performed after 6 weeks following initial conservative management and results were statistically analysed.

Results : There was no significant difference in the intraoperative difficulty(40% in early and 40% in the late group with *p* value of 1) as well as bile duct injury(

12% in early group and 24% in late group with p value of 0.0463) in both groups. However the early group had better recovery and reduced duration of stay in hospital with an average duration of 10 days for the Early group and 15 days for the Late group.

Conclusion : Early cholecystectomy for cholecystitis is safe and feasible offering the additional benefits of shorter hospital stay. It should be offered to patients with acute cholecystitis provide if the surgery is performed within 72 to 96 hours of the onset of symptoms. We believe that increasing experience should bring down the complication in early group.

Keywords : Acute cholecystitis , laparoscopic cholecystectomy , open cholecystectomy.

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